

Case Number:	CM15-0063239		
Date Assigned:	04/09/2015	Date of Injury:	07/24/2011
Decision Date:	06/05/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials: State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old female who sustained an industrial injury on 07/24/11. The mechanism of injury was a slip and fall. Treatments to date include medications and chiropractic treatments. Diagnostic studies include x-rays. Current complaints include pain in her shoulders, cervical spine and low back. Current diagnoses include left hip and knee sprain/strain, anxiety, cervical sand lumbar sprain/strain, and hearing loss. The documentation of 11/15/2013 revealed the injured worker had complaints of increasing pain in the left shoulder and pain in the left hip. The physical examination revealed decreased range of motion of the lumbar spine with tenderness to palpation over the paraspinal musculoskeletal with paraspinal spasms. The treatment plan included an EMG/NCV of the bilateral lower extremities to establish the presence of radiculitis or neuropathy. The subsequent documentation of 10/17/2014 made the same request. The physical examination indicated the injured worker had range of motion of the lumbar spine that was decreased and +2 spasms at T12-L5 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of neuropathic or radicular complaints and myotomal/dermatomal findings to support the necessity for an EMG of the bilateral lower extremities. Additionally, there was a lack of documentation of a failure of conservative care and specific conservative care that was directed that the bilateral lower extremities. Given the above, the request for EMG of the left lower extremity is not medically necessary.

EMG of the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of neuropathic or radicular complaints and myotomal/dermatomal findings to support the necessity for an EMG of the bilateral lower extremities. Additionally, there was a lack of documentation of a failure of conservative care and specific conservative care that was directed that the bilateral lower extremities. Given the above, the request for EMG of the right lower extremity is not medically necessary.

NCV of the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommend NCS, as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms based on radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Additionally, there was a lack of documentation of a failure of conservative care and specific conservative care that was directed that the bilateral lower extremities. Given the above, the request for NCV of the right lower extremity is not medically necessary.

NCV of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommend NCS, as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms based on radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Additionally, there was a lack of documentation of a failure of conservative care and specific conservative care that was directed that the bilateral lower extremities. Given the above, the request for NCV of the left lower extremity is not medically necessary.